

Time & Attendance Correction Form



For Exception Reporting Employees

Employee Name _____
(Last, First)

Department: _____ Dept ID _____

Funding change of non-base hours

Please replace the time and attendance data for the above named employee for the week ending _____/_____/_____.
(MM/DD/YY)

If submitting a correction to previously reported time, please indicate all hours worked on that day.

Combo	Time Reporting Code	Shift ID**	*Sun	*Mon	*Tues	*Wed	*Thurs	*Fri	*Sat
TOTALS (optional)									

* Report hours/minutes in decimals
** indicate if other than SFT1

SFT 1 – Shift 1 SFT 2 – Shift 2 SFT 3 – Shift 3	Shift IDs: WKNSFT1 – Weekend Shift 1 WKNSFT2 – Weekend Shift 2 WKNSFT3 – Weekend Shift 3
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If hours are 30 days or more in arrears, attach a signed letter of justification for auditing purposes.

Authorized by

Department Head Signature

Date

PI Signature

Date

Form
Prepared By

E-Mail

Tel#

Date

Submit completed form to Payroll Office, 325 Whitmore Admin. Bldg.
Fax # 413.545.0483